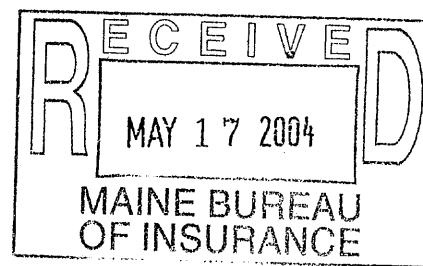


QUARTERLY STATEMENT

of the



HMO Maine, a Line of Business of Anthem Health Plans of Maine, Inc.

of

South Portland in the state of ME

to the

Bureau of Insurance of the State of Maine

For the Period Ended

March 31, 2004

2004

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	216,530	308,188
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	58,571,930	90,685,171
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....		
5. Risk revenue.....	XXX.....		
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	58,571,930	90,685,171
Hospital and Medical:			
9. Hospital/medical benefits.....		41,799,850	65,450,885
10. Other professional services.....		256	
11. Outside referrals.....			
12. Emergency room and out-of-area.....		2,119,072	2,840,246
13. Prescription drugs.....		7,781,967	11,451,325
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	51,701,145	79,742,456
Less:			
17. Net reinsurance recoveries.....		1,351,877	
18. Total hospital and medical (Lines 16 minus 17).....	0	50,349,268	79,742,456
19. Non-health claims.....			
20. Claims adjustment expenses, including \$....126,390 cost containment expenses.....		2,160,516	4,509,235
21. General administrative expenses.....		3,501,213	3,401,703
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	0	56,010,997	87,653,394
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	2,560,933	3,031,777
25. Net investment income earned.....		900,608	716,277
26. Net realized capital gains (losses).....		539,567	(31,692)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	1,440,175	684,585
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	4,001,108	3,716,362
31. Federal and foreign income taxes incurred.....	XXX.....	1,400,387	1,300,727
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	2,600,721	2,415,635

DETAILS OF WRITE-INS

0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
Total Members at End of:														
1. Prior Year.....		70,920	114	70,806										
2. First Quarter.....		72,267	106	72,161										
3. Second Quarter.....		0												
4. Third Quarter.....		0												
5. Current Year.....		0												
6. Current Year Member Months.....		216,530	322	216,208										
Total Member Ambulatory Encounters for Period:														
7. Physician.....		261,212	20,710	240,502										
8. Non-Physician.....		142,130	11,289	130,861										
9. Total.....		403,342	31,979	371,363		0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....		8,907	706	8,201										
11. Number of Inpatient Admissions.....		2,045	162	1,883										
12. Health Premiums Written.....		0												
13. Life Premiums Direct.....		0												
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		58,571,930	203,497	58,368,433										
16. Property/Casualty Premiums Earned.....		0												
17. Amount Paid for Provision of Health Care Services.....		0												
18. Amount Incurred for Provision of Health Care Services.....		51,701,145	177,293	51,533,852										